

# **DIABETES**

## **LITERATURE INDEX**

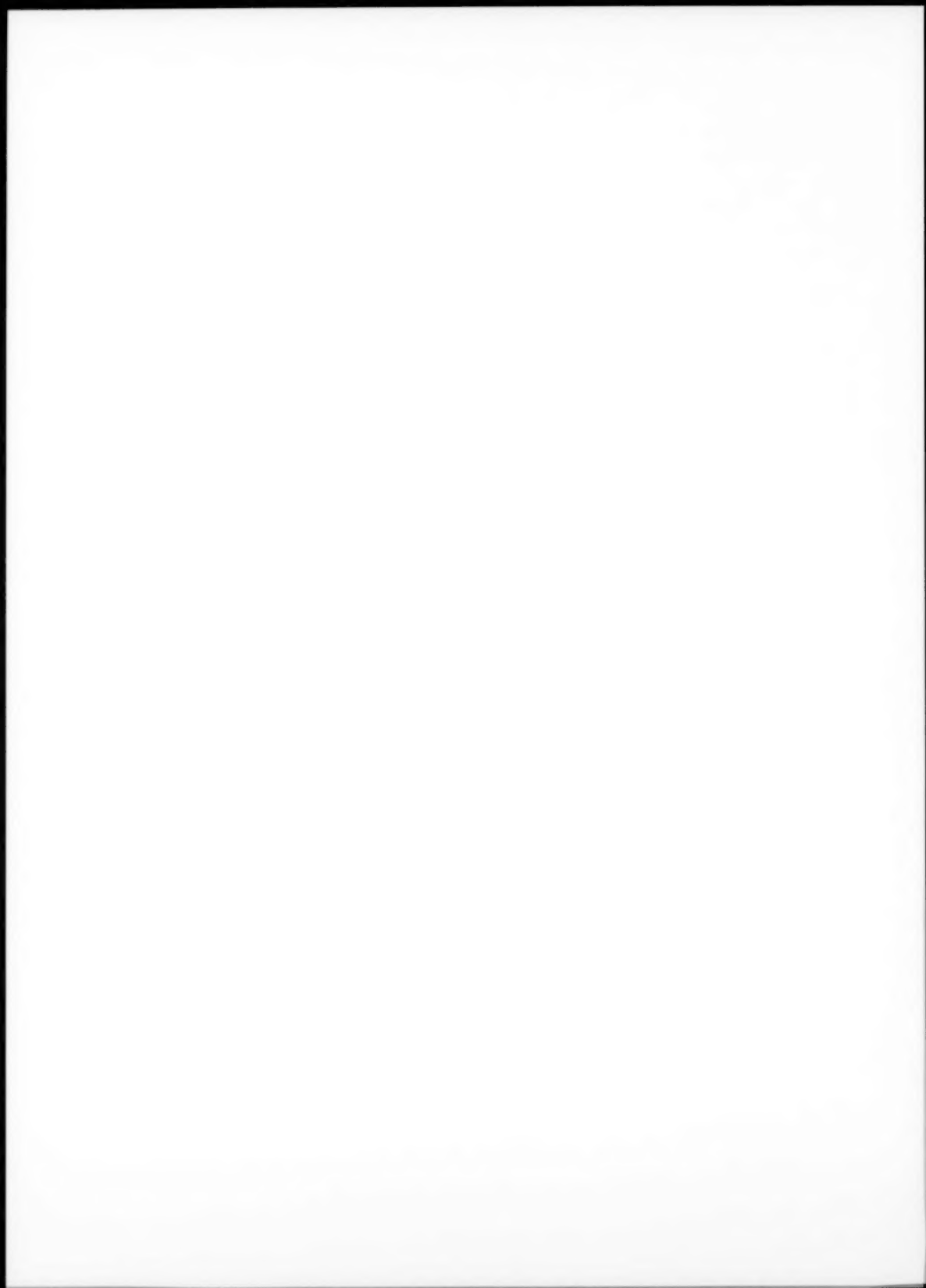
NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES

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# DIABETES LITERATURE INDEX

(By Authors, Hierarchy, and by Keywords in the Title)

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## *Order of Arrangement*

Arrangement of hierarchy  
MEDLARS terms included in hierarchy  
Hierarchical Subject Index  
Keyword Index  
Author Index

Prepared for the  
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## PREFACE

*Diabetes Literature Index* is a publication of the National Institute of Arthritis, Metabolism, and Digestive Diseases which has been prepared from MEDLARS (Medical Literature Analysis and Retrieval System) tapes furnished by the National Library of Medicine. This specialized information medium is being published to fill an existing great need in the field of diabetes and to assist the Institute in meeting its obligations to foster and support laboratory and clinical research into the nature, causes, and therapy for diabetes. Publication of *Diabetes Literature Index* makes available an index of all current scientific papers relevant to this field from the world literature.

It is hoped that the issuing of *Diabetes Literature Index* under the auspices of the National Institute of Arthritis, Metabolism, and Digestive Diseases will provide a much needed current awareness tool to scientists and will facilitate greater integration of research and clinical efforts in this field. *Diabetes Literature Index* has been published monthly since January 1966 and is cumulated at the end of each calendar year.

This publication is available free to National Institutes of Health grantees and contractors working in the field of diabetes, and libraries of medical schools. Requests from these *qualified* individuals to receive free copies of this publication must include their grant or contract number and the title of their project. These requests as well as address changes and other communications from these qualified recipients of free copies should be addressed to:

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Diabetes Literature Index  
National Institute of Arthritis,  
Metabolism, and Digestive Diseases  
Building 31, Room 9A-03  
Bethesda, Maryland 20014

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The Secretary of the Department of Health, Education, and Welfare has determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department. Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget through April 30, 1978

## EDITORIAL NOTE

*Diabetes Literature Index*, a publication of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD), was brought about through the cooperative efforts of two divisions of the National Institutes of Health (NIAMDD and the National Library of Medicine), a professional society (American Diabetes Association), three Universities (University of Minnesota, University of Rochester, and Case Western Reserve University) as well as a number of individual scientists. In this rather unique cooperative project, initiated in 1958, duplication of effort has been reduced to a minimum. The digital information generated from the original input of bibliographic citations to the National Library of Medicine's MEDLARS system is processed by computer in several different ways and ultimately used to compose the final printed pages of this *Diabetes Literature Index*.

Each month the MEDLARS magnetic tape furnished by the National Library of Medicine (NLM) is used for identification of the diabetes related literature. All bibliographic citations classified under subject headings which we have designated as Priority I, represent articles that are 100% diabetes-related; they are automatically copied onto a new magnetic tape and constitute over seventy percent of the citations appearing in this index. The citations appearing under Priority II and III are subject headings which include both diabetes-related and unrelated articles; these are printed on cards by the computer. The diabetes related citations are identified manually and the corresponding digital information is added to the next month's Priority I magnetic tape.

In the selection of this bibliography, diabetes-related literature has been defined in a rather arbitrary but broad, comprehensive manner with a view toward providing the widest possible coverage of related areas. To this end the following subjects have been included: the Islets of Langerhans in the pancreas, including their structure and pathologic alterations; insulin, its properties, assay, synthesis, release or degradation; the direct and indirect effects of insulin on target organs; blood glucose level, hyper- and hypo-glycemia; insulin antibodies and insulin resistance; insulin allergy; recent developments in intermediary metabolism; experimental and clinical as-

pects of diabetes, signs, symptoms, diagnosis, treatment, complications, and associated conditions. Also included are other hormones and agents whose effects are similar, opposite, synergistic or antagonistic to insulin, either in their primary or secondary effects on target organs. It should be noted that there are undoubtedly some omissions due to the empirical definition of the diabetes-related literature which was adopted and also to the difficulties attendant in preparing such a large-scale bibliography by machine.

The *Diabetes Literature Index* is published in three formats: a hierarchical subject index, a key word in title index, and an author index. The magnetic tape version of these indexes, prepared at the University of Minnesota, is used to generate the copy for offset printing by the Government Printing Office on their Linotron.

*Hierarchical Subject Index:* This index differs from *Index Medicus* in that related terms are grouped together in a hierarchical relationship. Thus, all citations which are indexed under blood sugar, glucose tolerance, hyperglycemia, hypoglycemia, and glycosuria are grouped under the general heading "blood sugar, urine sugar and related topics." In both the Diabetes Key Word Index and in *Index Medicus* these terms are arranged alphabetically, and the corresponding citations are distributed at many different page locations. In some instances where only a few citations appear under several similar subject headings, these are grouped together under a more generic term; at times, a new non-MEDLARS index term is created to cover these groupings of subject headings. In some instances where many citations appear under a single subject heading, these are subdivided by using subheadings.

Although the hierarchical subject index is, in a sense, a miniaturized version of *Index Medicus* (dealing with the core diabetes literature) it provides a much greater depth of indexing. Many relevant citations included in the *Diabetes Literature Index* do not appear under the corresponding subject headings in *Index Medicus*; because of space limitations, only two or three of the ten or more index terms included on the MEDLARS magnetic tape are used in the printed version of *Index Medicus*. At times the reason why a given citation appears under a specific subject

heading may not be apparent from the article title. However, examination of the list of index terms for this citation (included in the Author Index under the principal author) will give the basis for this inclusion.

Beginning with the January 1971 issue, two sections are included in the Hierarchical Subject Index. In *Section 1*, "Diabetes Mellitus and Related Topics," the major subdivisions include the MEDLARS terms: Islets of Langerhans, Pancreas, Insulin, Glucagon, Blood and Urine Sugar; the subsection on "Diabetes," (Section 1.F) is extensively subdivided and many subheadings are used. In *Section 2*, "Endocrinology" is divided into subsections dealing with the individual endocrine glands. Hierarchical subject indexes related to Biochemistry and the organ systems (included in the experimental issues, published in February and March, 1969) are not included at this time; terms related to these subjects are, however, included in the Keyword Index.

A list of the subject headings included in the tree structure of the hierarchy (with their corresponding index numbers) and an alphabetic cross index of these subject headings is printed immediately preceding the Hierarchical Subject Index.

**Key Word Index:** For all of the diabetes-related literature chosen, key words in the title are identified by the computer and an expanded magnetic tape is prepared, listing the complete bibliographic citation under each key word. Most editorial decisions are made by the computer-disk-look-up-program using a master list of terms. Trivial words are deleted and specific word combinations are also selected. Abbreviations and word variant forms are replaced by the more commonly used key word. Inconsistencies between the British and American spellings are eliminated. In no case, however, is a change made within

the title itself. Words which have not appeared previously in the system are identified by the computer program and flagged for human decision.

With the publication of the hierarchical subject index, the key word index has been shortened. Diabetes is not included as a term in the key word index as it is covered in great detail in the hierarchical subject index. Although users may find the hierarchical subject index more useful for coverage of their broad interests, the key word index is advantageous in locating citations dealing with very specific terms—for example those relating to biochemistry or the organ systems. The key word index is of special value in locating citations dealing with the frontiers of diabetes research, for new terms appearing in the title are immediately included in the key word index.

**Author Index:** Because of space limitations, the printed version of *Index Medicus* excludes all but the first three authors in multiple author publications. However since the last author is often the best known, this name may be the most useful for reference or retrieval; therefore, all authors are included in the Diabetes Literature Author Index. These are automatically identified by the computer program and an alphabetized magnetic tape is prepared in which the complete bibliographic citation is included under each author. In addition, all of the index terms used by the NLM for each citation are listed under the principal author, thus providing an overview of the subject content of the article.

Users planning to systematically cover all articles appearing in a given month may do so by scanning the author index, limiting their perusal to the principal author, i.e., those citations which contain the MEDLARS index terms.

## Arrangement of the Hierarchical Index

- I SECTION 1. DIABETES MELLITUS AND RELATED TOPICS
  - 1A ISLANDS OF LANGERHANS
    - 1A.1 ISLANDS OF LANGERHANS, ANATOMY RELATED
    - 1A.2 ISLANDS OF LANGERHANS, BIOCHEMISTRY RELATED
    - 1A.3 ISLANDS OF LANGERHANS, PHYSIOLOGY RELATED
    - 1A.4 ISLANDS OF LANGERHANS, PHARMACOLOGY RELATED
    - 1A.5 ISLANDS OF LANGERHANS, PATHOLOGY RELATED
  - 1B PANCREAS
    - 1B.1 PANCREAS, ANATOMY RELATED
    - 1B.2 PANCREAS, BIOCHEMISTRY RELATED
    - 1B.3 PANCREAS, PHYSIOLOGY RELATED
    - 1B.4 PANCREAS, PHARMACOLOGY RELATED
    - 1B.5 PANCREAS, PATHOLOGY RELATED
    - 1B.6 PANCREAS, SURGERY RELATED
    - 1B.6.1 PANCREAS, TRANSPLANTATION
    - 1B.6.2 PANCREATICTOMY
  - 1C INSULIN
    - 1C.1 INSULIN, BIOCHEMISTRY RELATED
    - 1C.1.1 INSULIN, ISOLATION AND PURIFICATION
    - 1C.1.2 INSULIN, ANALYSIS
    - 1C.1.3 INSULIN, CHEMICAL SYNTHESIS
    - 1C.1.4 INSULIN, BIOSYNTHESIS
    - 1C.1.5 INSULIN, METABOLISM
    - 1C.1.6 INSULIN, BLOOD
    - 1C.1.7 INSULIN, URINE
    - 1C.2 INSULIN, PHYSIOLOGY RELATED
      - 1C.2.1 INSULIN, PHYSIOLOGY
      - 1C.2.2 INSULIN, SECRETION
    - 1C.3 INSULIN, PHARMACOLOGY RELATED
      - 1C.3.1 INSULIN, PHARMACODYNAMICS
      - 1C.3.2 INSULIN, ANTAGONISTS AND INHIBITORS
      - 1C.3.3 INSULIN, ADVERSE EFFECTS
    - 1C.4 HYPERINSULINISM
      - 1C.4.1 INSULIN COMA
    - 1C.5 INSULIN ANTIBODIES
    - 1C.6 INSULIN RESISTANCE
    - 1C.7 INSULIN, THERAPY RELATED
      - 1C.7.1 INSULIN, DIAGNOSTIC USE
      - 1C.7.2 INSULIN ADMINISTRATION AND DOSAGE (SEE 1.F.9.3.1)
      - 1C.7.3 INSULIN, THERAPEUTIC USE (SEE 1.F.9.3.2)
    - 1C.8 INSULIN, HISTORY
  - 1D GLUCAGON
    - 1D.1 GLUCAGON, BIOCHEMISTRY RELATED
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      - 1D.1.2 GLUCAGON, METABOLISM
      - 1D.1.3 GLUCAGON, BLOOD
    - 1D.2 GLUCAGON, PHYSIOLOGY RELATED
      - 1D.2.1 GLUCAGON, PHYSIOLOGY
      - 1D.2.2 GLUCAGON, SECRETION
    - 1D.3 GLUCAGON, PHARMACOLOGY RELATED
      - 1D.3.1 GLUCAGON, ADMINISTRATION AND DOSAGE
      - 1D.3.2 GLUCAGON, PHARMACODYNAMICS
      - 1D.3.3 GLUCAGON, TOXICITY
    - 1D.4 GLUCAGON, THERAPY RELATED
      - 1D.4.1 GLUCAGON, DIAGNOSTIC USE
      - 1D.4.2 GLUCAGON, THERAPEUTIC USE
  - 1E BLOOD SUGAR, URINE SUGAR AND RELATED TOPICS
    - 1E.1 BLOOD SUGAR
      - 1E.1.1 BLOOD SUGAR, ANALYSIS
      - 1E.1.2 BLOOD SUGAR, BIOSYNTHESIS
      - 1E.1.3 BLOOD SUGAR, METABOLISM
      - 1E.1.4 BLOOD SUGAR, PHARMACODYNAMICS
    - 1E.2 GLUCOSE TOLERANCE TEST
    - 1E.3 HYPERGLYCEMIA
      - 1E.3.1 HYPERGLYCEMIA, BLOOD
      - 1E.3.2 HYPERGLYCEMIA, CHEMICALLY INDUCED
      - 1E.3.3 HYPERGLYCEMIA, COMPLICATIONS
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    - 1E.3.5 HYPERGLYCEMIA, DRUG THERAPY
    - 1E.3.6 HYPERGLYCEMIA, ETIOLOGY
    - 1E.3.7 HYPERGLYCEMIA, METABOLISM
    - 1E.3.8 HYPERGLYCEMIA, PHYSIOPATHOLOGY
    - 1E.3.9 HYPERGLYCEMIA, URINE
    - 1E.4 GLYCOSURIA
      - 1E.4.1 GLYCOSURIA, CHEMICALLY INDUCED
      - 1E.4.2 GLYCOSURIA, COMPLICATIONS
      - 1E.4.3 GLYCOSURIA, DIAGNOSIS
      - 1E.4.4 GLYCOSURIA, DRUG THERAPY
      - 1E.4.5 GLYCOSURIA, ENZYMOLOGY
      - 1E.4.6 GLYCOSURIA, ETIOLOGY
      - 1E.4.7 GLYCOSURIA, METABOLISM
      - 1E.4.8 GLYCOSURIA, OCCURRENCE
    - 1E.5 GLYCOSURIA, RENAL
    - 1E.6 HYPOGLYCEMIA
      - 1E.6.1 HYPOGLYCEMIA, BLOOD
      - 1E.6.2 HYPOGLYCEMIA, CHEMICALLY INDUCED
      - 1E.6.3 HYPOGLYCEMIA, COMPLICATIONS
      - 1E.6.4 HYPOGLYCEMIA, DIAGNOSIS
      - 1E.6.5 HYPOGLYCEMIA, DRUG THERAPY
      - 1E.6.6 HYPOGLYCEMIA, ETIOLOGY
      - 1E.6.7 HYPOGLYCEMIA, METABOLISM
      - 1E.6.8 HYPOGLYCEMIA, PHYSIOPATHOLOGY
      - 1E.6.9 HYPOGLYCEMIA, THERAPY
  - 1F DIABETES
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    - 1F.2 DIABETES MELLITUS
      - 1F.2.1 DIABETES MELLITUS, JUVENILE
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      - 1F.3.2 DIABETES, ENZYMOLOGY
      - 1F.3.3 DIABETES, BLOOD
      - 1F.3.4 DIABETES, URINE
    - 1F.4 DIABETES, PHYSIOPATHOLOGY
    - 1F.5 DIABETES, IMMUNOLOGY
    - 1F.6 DIABETES COMPLICATIONS AND PATHOLOGY
      - 1F.6.1 DIABETIC KETOACIDOSIS
      - 1F.6.1.1 ACIDOSIS, DIABETIC
      - 1F.6.1.2 DIABETIC COMA
      - 1F.6.2 DIABETIC ANGIOPATHIES
      - 1F.6.3 DIABETIC NEPHROPATHIES
      - 1F.6.4 DIABETIC NEUROPATHIES
      - 1F.6.5 DIABETIC RETINOPATHY
      - 1F.6.6 OTHER COMPLICATIONS OF DIABETES
      - 1F.6.7 DIABETES PATHOLOGY
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    - 1F.7 DIABETES OCCURRENCE, ETIOLOGY AND RELATED TERMS
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        - 1F.9.2.2 GLUCOSE, THERAPEUTIC USE
        - 1F.9.2.3 DIET
        - 1F.9.2.4 DIABETIC DIET
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1.F.9.4.2	TOLBUTAMIDE	2.G.6	SECRETORY RATE
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1.F.9.4.5	OTHER BIGUANIDES		
1.F.9.5	DIABETES DRUG THERAPY		
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1.F.10.2	ALLOXAN DIABETES		
1.F.10.2.1	ALLOXAN DIABETES, BLOOD		
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# MEDLARS Terms Included in Hierarchical Index

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OCCURRENCE	1.F.7.1 DIABETES, OCCURRENCE		



# MEDLARS Terms Included in Hierarchical Index

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ENZYMOLGY	1.E.4.5 GLYCOSURIA, ENZYMOLOGY	METABOLISM	1.A.2 ISLANDS OF LANGERHANS, BIOCHEMISTRY RELATED
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GONADS	2.F. GONADS	LEYDIG CELL TUMOR	2.F.4 GONADAL DISORDERS
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GROWTH DISORDERS	2.E.6 PITUITARY DISORDERS	LH	2.E.1.4 GONADOTROPINS, PITUITARY
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17-HYDROXYCORTICOSTEROIDS	2.B.2.1.3 OTHER GLUCOCORTICIDS	METFORMIN	1.F.9.4.5 OTHER BIGUANIDES
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HYDROXYMETHYLTESTOSTERONE	2.B.2.1.3 OTHER GLUCOCORTICIDS	METHYLPREDNISOLONE	2.B.2.1.3 OTHER GLUCOCORTICIDS
HYDROXYPROGESTERONE	2.F.3.3.2 PROGESTATIONAL HORMONES	METHYLTESTOSTERONE	2.F.3.1 ANDROGENS
HYPERALDOSTERONISM	2.B.5 ADRENAL DISORDERS	METHYLTHIOURACIL	2.C.2 THYROID ANTAGONISTS
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BLOOD	1.E.3.1 HYPERGLYCEMIA, BLOOD	MSH	2.E.3 THYROID DISORDERS
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ETIOLOGY	1.E.3.6 HYPERGLYCEMIA, ETIOLOGY	NORTHINDORONE	2.F.3.3.2 PROGESTATIONAL HORMONES
METABOLISM	1.E.3.7 HYPERGLYCEMIA, METABOLISM	NORTHMYNOREL	2.F.3.3.2 PROGESTATIONAL HORMONES
PHYSIOPATHOLOGY	1.E.3.8 HYPERGLYCEMIA, PHYSIOPATHOLOGY	NORMMETHANDROLONE	2.F.3.1 ANDROGENS
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HYPERPITUITARISM	2.E.6 PITUITARY DISORDERS	OVARIAN DISEASES	2.F.4 GONADAL DISORDERS
HYPERHYDROIDISM	2.C.3 THYROID DISORDERS	OVARIAN NEOPLASMS	2.F.4 GONADAL DISORDERS
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BLOOD	1.E.6.1 HYPOGLYCEMIA, BLOOD	OXANDROLONE	2.F.3.1 ANDROGENS
CHEMICALLY INDUCED	1.E.6.2 HYPOGLYCEMIA, CHEMICALLY INDUCED	OXYMETHOLONE	2.F.3.1 ANDROGENS
COMPLICATIONS	1.E.6.3 HYPOGLYCEMIA, COMPLICATIONS	OXYTOCICS	2.E.2 PITUITARY HORMONES, POSTERIOR
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DRUG THERAPY	1.E.6.5 HYPOGLYCEMIA, DRUG THERAPY	PANCREAS	1.B. PANCREAS
ETIOLOGY	1.E.6.6 HYPOGLYCEMIA, ETIOLOGY	ANALYSIS	1.B.2 PANCREAS, BIOCHEMISTRY RELATED
METABOLISM	1.E.6.7 HYPOGLYCEMIA, METABOLISM	BLOOD SUPPLY	1.B.1 PANCREAS, ANATOMY RELATED
PHYSIOPATHOLOGY	1.E.6.8 HYPOGLYCEMIA, PHYSIOPATHOLOGY	CYTOLOGY	1.B.1 PANCREAS, ANATOMY RELATED
THERAPY	1.E.6.9 HYPOGLYCEMIA, THERAPY	DRUG EFFECTS	1.B.4 PANCREAS, PHARMACOLOGY RELATED
HYPOGLYCEMIC AGENTS (NON MESH)	1.E.6.2 HYPOGLYCEMIA, CHEMICALLY INDUCED	EMBRYOLOGY	1.B.1 PANCREAS, ANATOMY RELATED
HYPOGONADISM	2.F.4 GONADAL DISORDERS	ENZYMOLGY	1.B.2 PANCREAS, BIOCHEMISTRY RELATED
HYPOPHYSECTOMY	2.E.5 HYPOPHYSECTOMY	INNERVATION	1.B.1 PANCREAS, ANATOMY RELATED
HYPOPITUITARISM	2.E.6 PITUITARY DISORDERS	METABOLISM	1.B.2 PANCREAS, BIOCHEMISTRY RELATED
HYPOHYDROIDISM	2.C.3 THYROID DISORDERS		
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ADMINISTRATION & DOSAGE	1.F.9.3.1 INSULIN, ADMINISTRATION AND DOSAGE		
ADVERSE EFFECTS	1.C.3.3 INSULIN, ADVERSE EFFECTS		
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HISTORY	1.C.8 INSULIN, HISTORY		
ISOLATION & PURIFICATION	1.C.1.1 INSULIN, ISOLATION AND PURIFICATION		
METABOLISM	1.C.1.5 INSULIN, METABOLISM		
PHARMACODYNAMICS	1.C.3.1 INSULIN, PHARMACODYNAMICS		



# MEDLARS Terms Included in Hierarchical Index

PATHOLOGY	1 B.5 PANCREAS, PATHOLOGY RELATED
PHYSIOLOGY	1 B.3 PANCREAS, PHYSIOLOGY RELATED
PHYSIOPATHOLOGY	1 B.3 PANCREAS, PHYSIOLOGY RELATED
SECRETION	1 B.3 PANCREAS, PHYSIOLOGY RELATED
TRANSPLANTATION	1 B.6.1 PANCREAS, TRANSPLANTATION
PANCREATECTOMY	1 B.6.2 PANCREATECTOMY
PANCREATIC DISEASES	1 B.5 PANCREAS, PATHOLOGY RELATED
PANCREATIC EXTRACTS	1 B.4 PANCREAS, PHARMACOLOGY RELATED
PANCREATIC HORMONES	1 B.2 PANCREAS, BIOCHEMISTRY RELATED
PANCREOZYMIN	2 G.2.1 GASTROINTESTINAL HORMONES
PARAMETHASONE	2 B.2.1.3 OTHER GLUCOCORTICOIDS
PARATHYROID DISEASES	2 D PARATHYROID GLANDS
PARATHYROID GLANDS	2 D PARATHYROID GLANDS
PARATHYROID HORMONE	2 D PARATHYROID GLANDS
PHENFORMIN	1 F.9.4.4 PHENFORMIN
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PITUITARY-ADRENAL SYSTEM	2 G.5 PITUITARY-ADRENAL SYSTEM
PITUITARY GLAND	2 E PITUITARY GLAND
PITUITARY HORMONE RELEASING HORMONES	2 E.4 PITUITARY HORMONE RELEASING FACTORS
PITUITARY HORMONES, ANTERIOR	2 E.1 PITUITARY HORMONES, ANTERIOR
PITUITARY HORMONES, POSTERIOR	2 E.2 PITUITARY HORMONES, POSTERIOR
PLACENTA DISORDERS	1 F.6.8 PREGNANCY IN DIABETES
PLACENTAL HORMONES	2 G.2.4 PLACENTAL HORMONES
PREDIABETIC STATE	1 F.7.5 PREDIABETIC STATE
PREDNISOLONE	2 B.2.1.3 OTHER GLUCOCORTICOIDS
PREDNISONE	2 B.2.1.3 OTHER GLUCOCORTICOIDS
PREGNANCY	1 F.6.8 PREGNANCY IN DIABETES
PREGNANCY IN DIABETES	1 F.6.8 PREGNANCY IN DIABETES
PREGNANEDIOL	2 F.3.3.2 PROGESTATIONAL HORMONES
PREGNANETRIOL	2 B.2.1.3 OTHER GLUCOCORTICOIDS
	2 F.3.3.2 PROGESTATIONAL HORMONES
PREGNENOLONE	2 B.2.1.3 OTHER GLUCOCORTICOIDS
	2 F.3.3.2 PROGESTATIONAL HORMONES
PROGESTATIONAL HORMONES	2 F.3.3.2 PROGESTATIONAL HORMONES
PROGESTERONE	2 F.3.3.2 PROGESTATIONAL HORMONES
PROINSULIN	1 C.1.4 INSULIN, BIOSYNTHESIS
PROLACTIN	2 E.1.4 GONADOTROPINS, PITUITARY
PROPYLTHIOURACIL	2 C.2 THYROID ANTAGONISTS
PROSTAGLANDINS	2 G.2.2 PROSTAGLANDINS
PUBERTY, PRECOCIOUS	2 F.4 GONADAL DISORDERS
RECEPTORS, HORMONE	2 G.2 HORMONES
RELAXIN	2 G.2.5 RELAXIN
SACCHARIN	1 F.9.2.8 SACCHARIN
SECRETIN	2 G.2.1 GASTROINTESTINAL HORMONES
SECRETORY RATE	2 G.6 SECRETORY RATE
SERTOLI CELL TUMOR	2 F.4 GONADAL DISORDERS
SERTOLI CELLS	2 F.2 TESTIS
SEX DIFFERENTIATION DISORDERS	2 F.4 GONADAL DISORDERS
SEX HORMONES	2 F.3 SEX HORMONES
SHEEHAN'S SYNDROME	2 E.6 PITUITARY DISORDERS
SKIN ULCER	1 F.6.2 DIABETIC ANGIOPATHIES
SOMATOTROPIN	2 E.1.2 SOMATOTROPIN
SOMATOTROPIN RELEASING HORMONE	2 E.1.2 SOMATOTROPIN
STANOLONE	2 F.3.1 ANDROGENS
STANOZOLOL	2 F.3.1 ANDROGENS
TESTICULAR DISEASES	2 F.4 GONADAL DISORDERS
TESTICULAR FEMINIZATION	2 F.4 GONADAL DISORDERS
TESTICULAR NEOPLASMS	2 F.4 GONADAL DISORDERS
TESTIS	2 F.2 TESTIS
TESTOSTERONE	2 F.3.1 ANDROGENS
THIOCYANATES	2 C.2 THYROID ANTAGONISTS
THIOURACIL	2 C.2 THYROID ANTAGONISTS
THIOUREA	2 C.2 THYROID ANTAGONISTS
THYROID ANTAGONISTS	2 C.2 THYROID ANTAGONISTS
THYROID CRISIS	2 C.3 THYROID DISORDERS
THYROID GLAND	2 C THYROID GLAND
THYROID HORMONES	2 C.1 THYROID HORMONES
THYROIDITIS	2 C.3 THYROID DISORDERS
THYROIDITIS, LYMPHOMATOUS	2 C.3 THYROID DISORDERS
THYRONINE	2 C.1 THYROID HORMONES
THYROTROPIN	2 E.1.3 THYROTROPIN
THYROTROPIN RELEASING HORMONE	2 E.4 PITUITARY HORMONE RELEASING FACTORS
THYROXINE	2 C.1 THYROID HORMONES
TOLAZAMIDE	1 F.9.4.3 OTHER SULFONYL-UREA DERIVATIVES
TOLBUTAMIDE	1 F.9.4.2 TOLBUTAMIDE
TRIAMCINOLONE	2 B.2.1.3 OTHER GLUCOCORTICOIDS
TRIIODOTHYRONINE	2 C.1 THYROID HORMONES
TURNERS SYNDROME	2 F.4 GONADAL DISORDERS
VASOPRESSIN	2 E.2 PITUITARY HORMONES, POSTERIOR
VIRILISM	2 F.4 GONADAL DISORDERS
WATERHOUSE-FRIDERICHSEN SYNDROME	2 B.5 ADRENAL DISORDERS



## SECTION 1. DIABETES MELLITUS AND RELATED TOPICS

### 1.A ISLANDS OF LANGERHANS

[BARDOTTOS ENDOCRINE PANCREAS. 2. ULTRASTRUCTURAL FINDINGS] Cecio A, De Girolamo A *Boll Soc Ital Biol Sper* 51: 386-9, 15 Apr 75 (Ita)

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the 1990s, the number of people in the world who are undernourished has increased from 250 million to 800 million (FAO 1996).

There is a growing awareness of the need to improve the nutritional status of the world's population. The United Nations World Food Programme (WFP) has been instrumental in the development of the *World Food Summit Plan of Action* (WFP 1996). This plan sets out a series of targets to be achieved by the year 2015, including the elimination of hunger and malnutrition. The plan also calls for a more equitable distribution of food and a more sustainable environment.

One of the key challenges in achieving these targets is the need to improve the nutritional status of the world's population. This is a complex task, as it involves addressing a wide range of factors, including food availability, food quality, and food access. In addition, it is necessary to address the underlying causes of malnutrition, such as poverty and lack of education.

One of the most effective ways to improve the nutritional status of the world's population is through the use of fortified foods. Fortified foods are foods that have been enriched with essential vitamins and minerals. This can help to prevent deficiencies and improve overall health. Fortified foods are available in a wide range of forms, including cereals, oils, and salt.

Another important way to improve the nutritional status of the world's population is through the use of food supplements. Food supplements are products that contain essential vitamins and minerals. They can be used to supplement the diet and help to prevent deficiencies. Food supplements are available in a wide range of forms, including tablets, capsules, and powders.

In addition to fortified foods and food supplements, there are a number of other ways to improve the nutritional status of the world's population. These include improving food availability, food quality, and food access. It is also important to address the underlying causes of malnutrition, such as poverty and lack of education.

Improving the nutritional status of the world's population is a complex task, but it is one that is essential for the achievement of the *World Food Summit Plan of Action*. By using a combination of fortified foods, food supplements, and other measures, it is possible to make significant progress in this area.

## SECTION 2. ENDOCRINOLOGY AND RELATED TOPICS

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**ADULT; AGED; CLINICAL RESEARCH; COMPARATIVE STUDY; DUODENAL DISEASES (radiography); DUODENUM (drug effects); FEMALE; GASTROINTESTINAL MOTILITY (drug effects); GLUCAGON (pharmacodynamics, adverse effects); HUMAN; HYPOTONIC SOLUTIONS; MALE; MIDDLE AGE; MUSCLE TONUS (drug effects); PLACEBOES; PROPANTHELINE BROMIDE (pharmacodynamics, adverse effects).**

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**(adverse effects, therapeutic use); CASE REPORT; DIABETES MELLITUS (drug therapy); DIABETIC COMA (chemically induced); ENGLISH ABSTRACT; FEMALE; HUMAN; INSULIN (therapeutic use); LACTATES (blood).**

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(pharmacodynamics, biosynthesis); UNITED STATES GOVERNMENT SUPPORTED, N.I.H..

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#### Field JB

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CHILD; DIABETES MELLITUS, JUVENILE (diagnosis); ENGLISH ABSTRACT; FEMALE; FOLLOW-UP STUDIES; GLUCOSE TOLERANCE TEST; GLUCOSE (metabolism); HUMAN; HYPERINSULINISM (etiology); INSULIN (metabolism); TIME FACTORS.

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ANIMAL EXPERIMENTS; CATS; CEPHALINS (biosynthesis); GLUCAGON (pharmacodynamics); MYOCARDIUM (metabolism); PHOSPHATES (metabolism);

PHOSPHATIDYL SERINE (biosynthesis); SERINE (metabolism); STIMULATION, CHEMICAL; UNITED STATES GOVERNMENT SUPPORTED, N.I.H..

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ANIMAL EXPERIMENTS; BINDING SITES; BINDING, COMPETITIVE; CELL MEMBRANE (metabolism); CYNOMOLGUS MONKEYS; INSULIN (metabolism); LUNG (metabolism); MALE; MONKEYS; ORGAN SPECIFICITY; PROTEIN BINDING; RATS; RECEPTORS; HORMONE; SOMATOMEDIN (metabolism); SPECIES SPECIFICITY.

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ABSTRACT; GLUCAGON (pharmacodynamics); HEART RATE (drug effects); HEART VENTRICLE (drug effects); HEMODYNAMICS (drug effects); MYOCARDIAL CONTRACTION (drug effects); OXYGEN CONSUMPTION (drug effects); VASCULAR RESISTANCE (drug effects).

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MODELS, ANIMAL; DOGS; GASTRIN (secretion, blood, physiology); INSULIN (blood); PYLORIC ANTRUM (physiopathology); SECRETORY RATE; SHOCK, HEMORRHAGIC (physiopathology, blood); STOMACH ULCER (physiopathology); UNITED STATES GOVERNMENT SUPPORTED, N.I.H.; VAGOTOMY.

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ADIPOSE TISSUE (enzymology); ANIMAL EXPERIMENTS; AUROTHIOGLUCOSE; DIABETES MELLITUS (metabolism); GLYCEROL KINASE (metabolism); INSULIN (blood); MALE; MICE; MICE, INBRED C57BL; MICE, OBESE; OBESITY (chemically induced); PHOSPHOTRANSFERASES, ATP (metabolism); UNITED STATES GOVERNMENT SUPPORTED, N.I.H..

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SUBSTRATE STEREOCHEMISTRY OF THE ENOYL-COA HYDRATASE REACTION. Willadsen P, Eggerer H *Eur J Biochem* 54: 247-52, May 75 (Eng)

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[MORPHOLOGY OF THE RAT PLACENTA IN EXPERIMENTAL, HORMONE-INDUCED, PROLONGED PREGNANCY. II. PLACENTA IN INTRAUTERINE MACERATED DEAD RAT FETUSES] Emmrich P, Buhdel P, Willgerodt H *Endokrinologie* 64: 205-12, 1975 (Ger)

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BLOOD SUGAR; EXERTION; FATTY ACIDS, NONESTERIFIED (blood); HUMAN; LACTATES (blood); LIPIDS (metabolism); MALE; SPORT MEDICINE; VENTILATION-PERFUSION RATIO.

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AGED; CASE REPORT; DIABETIC NEUROPATHIES (pathology, physiopathology); HUMAN; MALE; MIDDLE AGE; MUSCLES (pathology, physiopathology); MUSCULAR ATROPHY (etiology); NEURAL CONDUCTION; SURAL NERVE (pathology); UNITED STATES GOVERNMENT SUPPORTED, N.I.H..

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THE ASSOCIATION BETWEEN ABNORMAL GLUCOSE TOLERANCE (HYPERGLYCEMIA AND HYPOGLYCEMIA) AND ESTRIL EXCRETION IN PREGNANCY. Abell DA, Beischer NA, Papas AJ, Willis MM *Am J Obstet Gynecol* 124: 388-92, 15 Feb 76 (Eng)

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ADIP PHOSPHATASE (metabolism); ADAPTATION, PHYSIOLOGICAL; ALKALINE PHOSPHATASE (metabolism); AMINO ACIDS (metabolism); ANIMAL EXPERIMENTS; BIOPSY; BLOOD SUGAR; CELL MEMBRANE PERMEABILITY; DOGS; DUODENUM (metabolism); EPITHELIAL CELLS (metabolism); ILEUM (metabolism); INTESTINAL ABSORPTION; INTESTINE, SMALL (surgery, enzymology); JEJUNUM (metabolism); MICROSCOPY, ELECTRON; POSTOPERATIVE COMPLICATIONS (metabolism, pathology); STAINS AND STAINING; TIME FACTORS.

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**[OCULAR MANIFESTATIONS OF DIABETIC DISEASE]** Wirth A *Minerva Med* 67: 280-9, 28 Jan 76 (Ita)

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**AN INDEX OF NUTRITIONAL QUALITY FOR A BALANCED DIET. NEW HELP FOR AN OLD PROBLEM.** Sorenson AW, Wyse BW, Wittwer AJ, Hansen RG *J Am Diet Assoc* 68: 236-42, Mar 76 (Eng)

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**CD SPECTRAL COMPARISON OF PORCINE PROINSULIN C-PEPTIDE AND SEVERAL FRAGMENTS OF ITS SEQUENCE.** Wollmer A, Vogt HP, Naithani VK, Zahn H *Hoppe Seylers Z Physiol Chem* 356: 1655-7, Oct 75 (Eng)

AMINO ACID SEQUENCE; CIRCULAR DICHROISM; PEPTIDE FRAGMENTS (analysis); PEPTIDES; PROINSULIN; PROTEIN CONFORMATION; SPECTROPHOTOMETRY, ULTRAVIOLET; SWINE.

**THE CONFORMATIONAL POTENTIAL OF PORCINE PROINSULIN C-PEPTIDE.** Vogt HP, Wollmer A, Naithani VK, Zahn H *Hoppe Seylers Z Physiol Chem* 357: 107-16, Jan 76 (Eng)

**RECEPTOR-BINDING REGION OF INSULIN.** Pullen RA, Lindsay DG, Wood SP, Tickle IJ, Blundell TL, Wollmer A, Krail G, Brandenburg D, Zahn H, Gliemann J, Gammeltoft S *Nature* 259: 369-73, 5 Feb 76 (Eng)

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HL-A; HUMAN; MONOGRAPH; MULTIPLE SCLEROSIS (immunology); PSORIASIS (immunology); REITERS DISEASE (familial & genetic); SPONDYLITIS, ANKYLOSING (immunology, familial & genetic).

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BINDING SITES; CELL MEMBRANE (ultrastructure); ERYTHROCYTES (ultrastructure); FREEZE FRACTURING; HUMAN; HYDROGEN-ION CONCENTRATION; IONS; MICROSCOPY, ELECTRON; POTASSIUM CHLORIDE (metabolism).

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**PLASMA FREE FATTY ACID LEVELS IN ACUTE MYOCARDIAL INFARCTION IN DIABETIC AND NON-DIABETIC PATIENTS.** Sykes CA, Wright AD, Malins JM, Pentecost BL, Watts R *Br Med J* 4: 735, 27 Dec 75 (Eng)

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**THE INCORPORATION OF AMMONIA NITROGEN INTO ALBUMIN IN MAN: THE EFFECTS OF DIET, UREMIA AND GROWTH HORMONE.** Richards P, Brown CL, Houghton BJ, Wrong OM *Clin Nephrol* 3: 172-9, 1975 (Eng)

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**PERINATAL FACTORS AND NEONATAL MORTALITY IN TWIN PREGNANCY.** Ho SK, Wu PY *Am J Obstet Gynecol* 122: 979-87, 15 Aug 75 (Eng)

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**CARDIOMEGALY IN NEONATAL HYPOGLYCEMIA.** Wyler F, Rohner F, Olafsson A, Christen H, Fliegel C *Eur J Pediatr* 121: 119-24, 2 Jan 76 (Eng)

GLYCOGEN (metabolism); HEART ENLARGEMENT (etiology); HUMAN; HYPOGLYCEMIA (complications); INFANT, NEWBORN; INFANT, NEWBORN, DISEASES; INFANT, PREMATURE, DISEASES; MYOCARDIUM (metabolism).

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**[FATE OF DIABETIC PATIENTS. I. METHODS OF RESEARCH AND STUDY GROUP]** Czyzyk A, Brzezinski ZJ, Krolewski AS, Janeczko D, Wysocki M, Punciewicz B *Przegl Epidemiol* 29: 449-59, 1975 (Pol)

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**[SPASMS AND PAROXYSMAL UNCONSCIOUSNESS (HYPOGLYCEMIC): PRIMARY LIVER CANCER]** Yadaka K, Nishioka S, Nagasaki Y, Nakayama T, Oda T *Jpn J Clin Med spec no: 900-1, 1358-61, 10 Apr 75 (Jpn)*

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**[NON-SPECIFIC ULCERATION OF THE SMALL INTESTINE RESULTING IN FATAL INTESTINAL PERFORATION AFTER DIABETIC COMA—AN AUTOPSY CASE]** Toyama K, Okabe H, Yazima Y, Naramoto J, Tamechika Y *Jpn J Gastroenterol* 72: 1528-37, Dec 75 (Jpn)

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**INSULIN, A POSSIBLE REGULATOR OF KETOSIS IN NEWBORN AND SUCKLING RATS.** Yeh YY, Zee P *Pediatr Res* 10: 192-7, Mar 76 (Eng)

ACIDOSIS (metabolism); ANIMAL EXPERIMENTS; BLOOD SUGAR (analysis); FATTY ACIDS, NONESTERIFIED (blood); GLUCOSE (metabolism); INSULIN (physiology, administration & dosage, blood); KETONES (blood); KETOSIS (metabolism, blood); RATS.

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**RAPID, COLUMN, FLOW-THROUGH RADIOIMMUNOASSAY FOR INSULIN.** Davis JW, Yoder JM, Adams EC *Clin Chim Acta* 66: 379-86, 2 Feb 76 (Eng)

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**[SUBACUTE TOXICITY TESTS OF CEPHALOTHIN INTRAVENOUS INJECTION INTO RATS (AUTHORS TRANSL.)]** Hayashi Y, Furukawa H, Kawano Y, Yoshida T *Jpn J Antibiot* 28: 231-42, Apr 75 (Jpn)

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ACROMEGALY (metabolism); AUTOPSY; GEL FILTRATION; HUMAN; MOLECULAR WEIGHT; PITUITARY GLAND (analysis,

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metabolism); RADIOIMMUNOASSAY;  
SOMATOTROPIN (isolation & purification,  
metabolism).

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EFFECT OF INTRAVENOUS GLUCAGON ON  
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ADRENAL GLANDS (drug effects, secretion);  
ADULT; BLOOD SUGAR (metabolism);  
EPINEPHRINE (urine, secretion); FATTY  
ACIDS, NONESTERIFIED (blood); GLUCAGON  
(diagnostic use, administration & dosage);  
HUMAN; HYPOGLYCEMIA (chemically  
induced); INJECTIONS, INTRAVENOUS;  
INSULIN (diagnostic use); MALE;  
NOREPINEPHRINE (urine, secretion); SODIUM  
CHLORIDE (diagnostic use); STIMULATION,  
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DIABETES MELLITUS, JUVENILE  
(complications, metabolism); FEMALE; FETAL  
DISTRESS (metabolism, drug therapy); FETAL  
MEMBRANES, PREMATURE RUPTURE  
(metabolism); FETUS (metabolism); GLUCOSE  
(therapeutic use, administration & dosage);  
HUMAN; LABOR, FIRST STAGE; MATERNAL-  
FETAL EXCHANGE; MONOGRAPH;  
PREGNANCY IN DIABETES (metabolism, drug  
therapy); PREGNANCY.

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Waldvogel M, Froesch ER *Ino Shafir E, ed. Contemporary topics in the study of diabetes and metabolic endocrinology. New York, Academic Press, 1975. WK 810 S989c 1974. (Eng)* [24]

ADENOSINE CYCLIC 3,5 MONOPHOSPHATE  
(metabolism); ADIPOSE TISSUE (drug effects,  
metabolism); ANIMAL EXPERIMENTS;  
BINDING, COMPETITIVE, BIOLOGICAL  
TRANSPORT (drug effects); BLOOD PROTEINS  
(metabolism); CARTILAGE (drug effects);  
CELLS, CULTURED; DIABETES MELLITUS  
(metabolism); DIAPHRAGM (drug effects); DNA  
(biosynthesis); EPINEPHRINE  
(pharmacodynamics); FIBROBLASTS (drug  
effects); GLUCOSE (metabolism); GLYCOGEN  
(metabolism); INSULIN (pharmacodynamics,  
metabolism); LIPIDS (metabolism);

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RECEPTORS, HORMONE; REVIEW;  
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[FORMATION OF ANTIBODIES TO INSULIN IN  
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IN PLASMA OF INSULIN-TREATED  
DIABETICS AND NEWBORN INFANTS OF IN-  
SULIN-TREATED DIABETIC MOTHERS. Ziegler  
M, Wilke W, Menzel R, Amendt P, Roth I  
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ADULT; ALCOHOL, ETHYL; BLOOD  
SPECIMEN COLLECTION; DIABETES  
MELLITUS (blood); FEMALE; HUMAN;  
INFANT, NEWBORN; INSULIN ANTIBODIES;  
INSULIN (blood, therapeutic use); PHILIPPINES;  
PREGNANCY IN DIABETES (drug therapy);  
PREGNANCY; RADIOIMMUNOASSAY  
(methods).

[PROCEEDINGS: IMPROVED TECHNIC FOR  
THE PREPARATION OF 123 I LABELED  
POLYPEPTIDE - AND PROTEOHORMONE  
WITH HIGH IMMUNE REACTIVITY] Ziegler  
M, Speck GA, Klatt D *Radiohiol Radiother (Berl)*  
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ANTIGEN-ANTIBODY REACTIONS;  
GLUCAGON (immunology); INSULIN  
(immunology); IODINE RADIOISOTOPES;  
ISOTOPE LABELING; PEPTIDES;  
RADIOIMMUNOASSAY.

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SEVERE KETOTIC DIABETES. Konec L,  
Davidoff F, DeLellis RA, Selby M, Zimmerman  
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AFTER TEMPORARY TOURNIQUET-  
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PLE ETIOLOGIES. Zisser MH *Arzt Med* 32:  
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ADRENAL GLAND HYPOFUNCTION  
(complications); HUMAN; HYPERGLYCEMIA  
(complications); HYPERLIPIDEMIA  
(complications); HYPONATREMIA (etiology);  
PITUITARY GLAND, POSTERIOR (secretion);  
SYNDROME; VASOPRESSIN (secretion);  
WATER INTOXICATION (complications);  
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DEMONSTRATION OF INSULIN DEGRADA-  
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TRANSHYDROGENASE) AND PROTEINASES  
OF PANCREATIC ISLETS. Kohnert KD, Jahr  
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[FREQUENCY OF JUVENILE DIABETES MEL-  
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ADOLESCENCE, ADULT; CHILD; DIABETES  
MELLITUS, JUVENILE (occurrence); ENGLISH  
ABSTRACT; EPIDEMIOLOGIC METHODS;  
HUMAN; SWITZERLAND.

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**CARRIER PROTEINS; DIABETIC COMA** (drug therapy); **HUMAN; INJECTIONS, INTRAVENOUS; INSULIN** (administration & dosage); **SERUM ALBUMIN.**

**A REVIEW OF THE MISSISSIPPI PROFESSIONAL STANDARDS REVIEW ORGANIZATION SCREENING CRITERIA FOR DIABETES MELLITUS.** Anonymous *J Miss State Med Assoc* 17: 44-6, Feb 76 (Eng)  
**DIABETES MELLITUS** (diagnosis, therapy); **DIAGNOSTIC SERVICES** (standards); **HUMAN; MISSISSIPPI; PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS.**

**THE MULTIPLE RISK FACTOR INTERVENTION TRIAL (MRFIT). A NATIONAL STUDY OF PRIMARY PREVENTION OF CORONARY HEART DISEASE.** Anonymous *JAMA* 235: 825-7, 23 Feb 76 (Eng)

**ADULT; ARTERIOSCLEROSIS** (prevention & control, diet therapy); **CHOLESTEROL** (blood); **CORONARY DISEASE** (prevention & control, diet therapy); **DIABETES MELLITUS** (complications); **HUMAN; HYPERLIPEMIA** (complications); **HYPERTENSION** (complications); **MALE; MIDDLE AGE; SMOKING** (complications); **TRIGLYCERIDES** (blood); **UNITED STATES GOVERNMENT SUPPORTED, N.I.H.; UNITED STATES.**

**MANAGEMENT OF DIABETIC RETINOPATHY.** Anonymous *JMA* 26: 1, Jan 76 (Eng)

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**GROUP B STREPTOCOCCAL DISEASE.** Anonymous *J Tenn Med Assoc* 69: 26-8, Jan 76 (Eng)

**AGED; CASE REPORT; DIABETES MELLITUS** (complications); **FEMALE; GANGRENE** (complications); **HUMAN; SEROTYPING; STREPTOCOCCAL INFECTIONS** (microbiology, complications); **STREPTOCOCCUS AGALACTIAE** (isolation & purification); **URINARY TRACT INFECTIONS** (microbiology).

**LETTER: ACUTE ABDOMEN IN CHILDHOOD.** Anonymous *Lancet* 1: 299-300, 7 Feb 76 (Eng)  
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**BIRTH-WEIGHT AND DIABETES.** Anonymous *Lancet* 1: 638, 20 Mar 76 (Eng)

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**[LETTER: ORAL ANTIDIABETICS AND CARDIOVASCULAR DISORDERS]** Anonymous *Ned Tijdschr Geneesk* 119: 1731-2, 1 Nov 75 (Dut)

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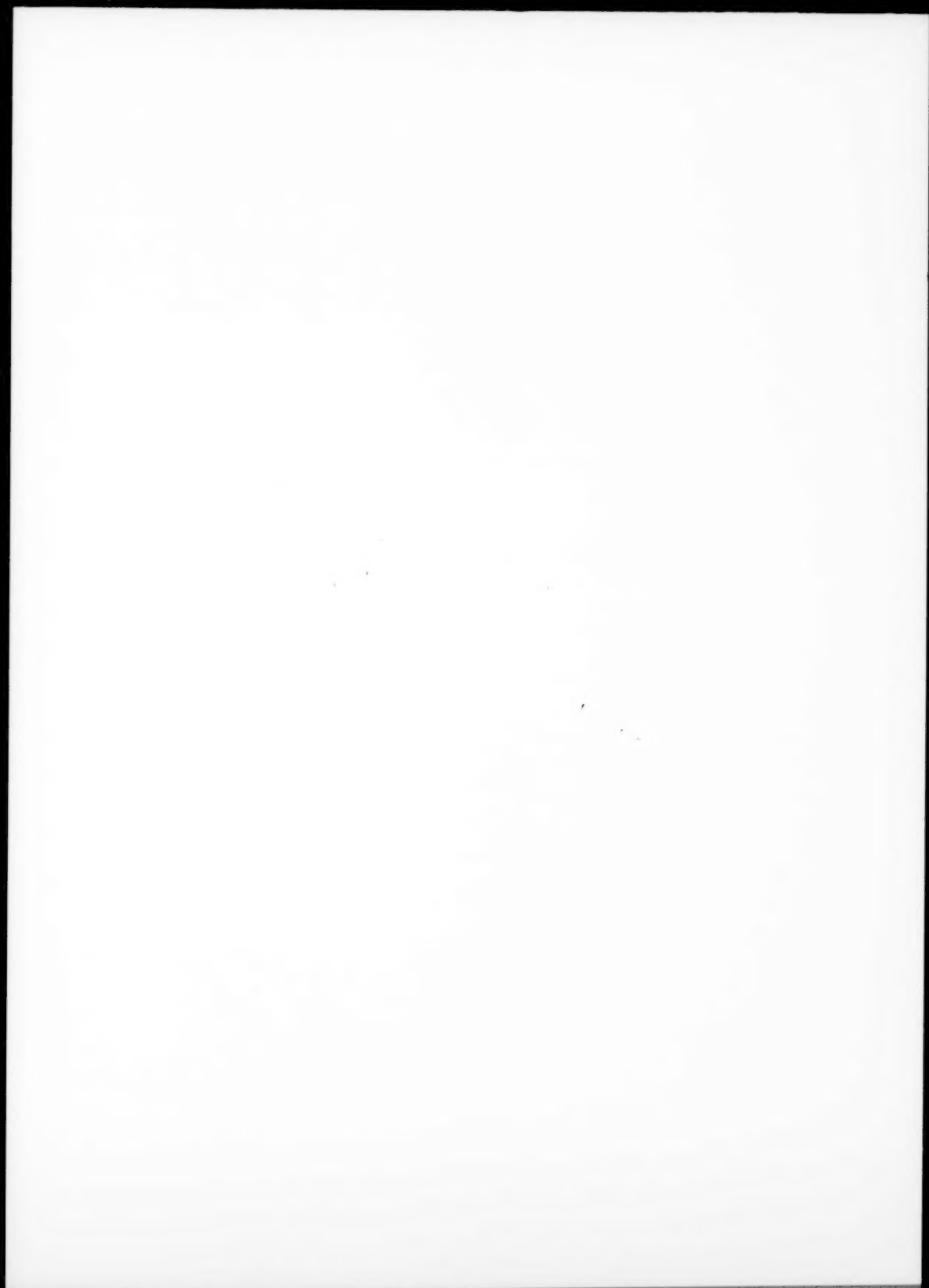
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